

Substitute for Form PFO-875

Application or Duckel Number

10/607733

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(d))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))

* If the difference in column 1 is less than zero, enter '0' in column 2

SMALL ENTITY	
RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

OR OTHER THAN SMALL ENTITY

	RATE	FEE
OR		\$ _____
OR	x \$ _____ =	
OR	x \$ _____ =	
OR	+ \$ _____ =	
OR	TOTAL	

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.142(e))	28	Minus	30	—
Independent (37 CFR 1.16(a))	4	Minus	4	—

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(a))

SMALL ENTITY	
RATE	ADDITIONAL FEE
1.5 _____ =	
1.5 _____ =	
1.5 _____ =	
TOTAL ADDITIONAL FEE	

OR OTHER THAN
SMALL ENTITY

	RATE	ADDITIONAL FEE
OR	X \$ _____ =	
OR	X \$ _____ =	
OR	+ \$ _____ =	
OR	TOTAL ADDITIONAL FEE	

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (2) CFA 11000	None	**	2
Independent (2) CFA 11000	None	***	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (2) CFA 11000			

RATE	ADDITIONAL FEE
15	
15	
15	
TOTAL	
ADDITIONAL FEE	

1	2
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	RATE	ADDITIONAL FEE
Q1	$\$ \frac{\quad}{\quad} =$	
Q2	$\$ \frac{\quad}{\quad} =$	
Q3	$\$ \frac{\quad}{\quad} =$	
Q4	$\$ \frac{\quad}{\quad} =$	
Q5	$\$ \frac{\quad}{\quad} =$	
Q6	TOTAL ADDITIONAL FEE	

AMENDMENT	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (3) CCR + (4) CCR	-	Minus	**		=
Independent (3) CCR + (5) CCR	-	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (3) CCR minus:					

RATE	ADDITIONAL FEE
1st _____	
2nd _____	
3rd _____	

1	2
3	4

	RATE	ADDITIONAL FEE
OR	50.00	
OR	6.30	
OR	4.50	
OR	10.00	
OR	40.00	

- * If the entry in column 1 is less than the entry in column 2, write 0 in column 3.
- * If the "Highest Homolog Diagonally Packed" of the HDS DPAC is less than 20, enter "0".
- * If the "Highest Homolog Diagonally Packed" of the HDS DPAC is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.65. This information is collected to obtain or retain a benefit by the public sector, i.e., by the United States government, as application Confidentiality is governed by 35 U.S.C. 402 and 37 C.F.R. 1.65. This collection is estimated to take 12 minutes to complete for the applicant of those you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office (U.S. Department of Commerce), P.O. Box 1459, Alexandria, VA 22314-1459; (703) 305-1400; fax: (703) 305-1401; E-mail: oia@uspto.gov.